## **Health History Form**

An accurate health history is necessary to ensure that if is safe for you to receive massage therapy treatment. Should you health status change in the future, please let us know. All information gathered is confidential, except as is required by law or to facilitate assessment, diagnosis, or treatment. You will be asked to provide written authorization for release of any information.

Name:		_ Date:	
Address:		Tel. Res	
		Tel: Bus.	
Postal Code:		Email:	
Date of Birth:	Occupation:	Who Referred You?	
What is your primary comp	laint?		
	erapy before?		
How is your general health	?		
Who is your primary care p	hysician?		
What is your physician's ac	ddress?		
Please list any treatment your Treatment	ou are receiving from another health care pro ent	ovider: Condition Being Treated	
Medica	·	provider:  Condition Being Treated	
	tion		
Medica			
Medica		Condition Being Treated	
Please list any surgeries y	you have had, including the respective dates:	Condition Being Treated	
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Please list any surgeries y Surgery	or injuries and the dates of these:	Condition Being Treated  Date	
Please list any surgeries y Surgery	or injuries and the dates of these:	Condition Being Treated  Date	

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Respiratory	Cardiovascular	<u>Head/Neck</u>	Other Conditions
☐ chronic cough	☐ high blood pressure	☐ night/mouth guard	□loss of sensation
☐ shortness of breath	☐ low blood pressure	vision problems	☐ diabetes, adult
☐ bronchitis	□ CCHF	☐ vision loss	☐ diabetes, juvenile
☐ asthma	☐ heart attack	☐ ear problems	☐ allergies, skin
☐ emphysema	☐ heart disease	☐ hearing loss	☐ allergies, anaphylaxis
	☐ phlebitis	headaches, tension	☐ epilepsy
Soft Tissue Pain & Discomfort	☐ stroke/CVA ☐ pacemaker or similar	☐ headaches, migraine	☐ cancer☐ arthritis/family history
☐ neck	<u>Women</u>	<u>Infections</u>	Joint Discomfort
☐ low back	pregnant, due:	☐ hepatitis	☐ shoulders
☐ mid back_	gynaecological condition	□ TB	□ arms
☐ upper back		□ HIV	□ legs
0		☐ skin condition	☐ knees
	Welcome To	Our Clinic!	
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nanagement of soft tissue valuable aid in musculo-sk During the massage treatn All massages are non-sex	hysiological effects on the circul problems and pain control. It is	atory, muscular, lymphatic, as acknowledged by practicing ered with a sheet, except for lis will not be touched or unc	the area being worked on. overed. If any area being
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